MAXIMUM CONSTITUENT LEVELS

Introduction

Proposals to limit the "tar" and nicotine yields of all cigarettes to within or below some arbitrary level have long been part of the antismoking legislative agenda. Typically, such proposals are based on the assertion that the higher the ratings of these constituents, the more hazardous the cigarette. However, such assertions are not supported by the available scientific data.

Nonetheless, Philip Morris complies with national requirements restricting constituent levels (generally "tar" but sometimes nicotine and occasionally other constituents as well). For example, Philip Morris has complied with the European Communities (EC) Council Directive on maximum "tar" yields which specifies that no cigarettes with "tar" yields greater than 15 milligrams (mg.) per cigarette could be marketed in EC member states as of December 31, 1992. The directive also specifies that no cigarettes with yields greater than 12 mg. per cigarette be sold after December 31, 1997. Philip Morris regards the directive as a moderate (but unnecessary) response to those who advocate maximum constituent levels (MCLs). Nonetheless, the directive is still an unfortunate and unnecessary intrusion into a matter best left to free consumer choice.

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MCLs Restrict Right to Choose

Philip Morris believes that adult consumers are capable of making their own choices about whether to smoke or not and, if they decide to smoke, what brands and types of cigarettes they want to smoke. During the last 25 years, smokers have been making a choice to move to lower "tar" and nicotine cigarettes without the introduction of governmental regulations. This trend is consistent with trends in consumer preferences for many products, as demonstrated by the ever growing demand for "lighter" products, such as low-calorie beers, sugar-free soft drinks, and low fat foods. Because of these changes, on a worldwide basis:

- Sales weighted average "tar" and nicotine cigarette yields have steadily declined; and

- Sales in the full-flavored segment (>15 mg. "tar") have continually declined while sales in the light and ultra light segments (<8 mg. "tar") have continually increased.

- These trends are apparent in many European countries, where cigarettes with "tar" ratings below 10 mg. were first introduced in 1979, but

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accounted for almost half of the total cigarettes sold by 1985.[2]

Despite these trends, proposals for MCLs continue to be made. While such proposals could be interpreted by some as suggesting that lower "tar" and nicotine cigarettes are somehow "safer" or less "hazardous," the efforts to establish MCLs are not supported by available scientific evidence as discussed below.

Scientific Basis for MCLs Unproven

Any relationship between "tar," nicotine and carbon monoxide levels and human disease remains unproven.[3] Thus, the scientific case for MCLs is uncertain at best. For example, a committee of the United States National Academy of Sciences, which had been directed to examine the available scientific data on this subject, concluded in 1982 that, overall, "the evidence for switching to lower T/N ["tar"/nicotine] cigarettes is doubtful."[4]

Other scientific groups, including a working group of the International Agency for Research on Cancer (IARC), have also commented on the inconclusive nature of the available data on the low-yield cigarette.[5] This view was reiterated in the 1989 U.S. Surgeon General's Report, which stated that "to date, the net

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health effects of the introduction and consumer acceptance of filtered and low-yield cigarettes have not been determined."[6]

Similarly, efforts to establish some maximum level of nicotine in cigarettes in order to prevent "nicotine addiction" are based on unproven assumptions. There are, for example, no existing standards that establish a "dose" of nicotine that will reliably predict the success or failure of cessation efforts, much less a level at which smokers will become "addicted." To the contrary, a number of studies have established that nicotine intake or "nicotine addiction" is not correlated with cessation success or failure.[7]

These observations underscore the weak scientific basis for the establishment of MCLs.

Conclusion

There is no convincing evidence that the imposition of government-mandated maximum constituent levels will result in any claimed health "benefits." Although numerous claims have been made about possible relationships between cigarette smoke constituents and the health of the smoker, such claims are just that -- claims that are not established scientifically. Thus, proposals to mandate MCLs lack a reliable scientific basis. For this reason,

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programs and proposals to limit constituent levels could even be regarded as misleading, because they suggest that a reduction in the levels of certain constituents would decrease any claimed harmful effects of cigarette smoke.

Rather than imposing unsupported requirements, governments should rely on informed consumers in the marketplace to choose how and what they will smoke. Consumer choice already has led to substantial reductions in the average "tar" and nicotine ratings of cigarettes. Governmental interference with this natural evolutionary process is unnecessary and unwarranted.

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ENDNOTES

1. Submission of Philip Morris Incorporated to the National Cancer Institute Consensus Conference on the FTC Cigarette Testing Methodology and Rating System, 1-56 (see 23), November 29, 1994.

2. Huber, G.L., "Physical, Chemical and Biologic Properties of Tobacco, Cigarette Smoke, and Other Tobacco Properties," Seminars in Respiratory Medicine 10(4): 297-332, October 1989.

3. National Research Council, Commission on Behavioral and Social Sciences and Education, Committee on Substance Abuse and Habitual Behavior, Reduced Tar and Nicotine Cigarettes: Smoking Behavior and Health, eds. D. Gerstein and P. Levison, National Academy Press, Washington, D.C., p. 5, 1982.

4. Participants of the Fourth Scarborough Conference on Preventive Medicine, "Is There a Future for Lower-Tar-Yield Cigarettes?," Lancet, 1111-1114, November 16, 1985.

   International Agency for Research on Cancer Working Group on the Evaluation of the Carcinogenic Risk of Chemicals to Humans, IARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Humans. Volume 38: Tobacco Smoking, World Health Organization, Switzerland, p. 243, 1986.

5. U.S. Department of Health and Human Services, Public Health Service, Office on Smoking and Health, Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General: 1989, DHHS Publication No. (CDC) 89-8411, p. 666, 1989.

6. Submission of Philip Morris U.S.A. and the American Tobacco Company to the Food and Drug Administration Drug Abuse Advisory Committee in Connection With Its Meeting on August 2, 1994, 1-78 (see 56-69), July 29, 1994.

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